

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

BILL A

LLS NO. 19-0226.01 Brita Darling x2241

HOUSE BILL

HOUSE SPONSORSHIP

Kennedy and Wilson, Pettersen, Singer

SENATE SPONSORSHIP

Priola,

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR BEHAVIORAL HEALTH DISORDERS, AND,**
102 **IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Study Committee.
Section 1 of the bill directs the department of human services (department) to implement a centralized, web-based behavioral health capacity tracking system (tracking system) to track available treatment capacity at behavioral health facilities and medication-assisted treatment and medical detoxification for substance use disorders, as well as other

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

types of treatment.

The tracking system will be available to health care professionals, law enforcement, court personnel, and the public. Certain facilities and programs will be required to update capacity reporting daily, with some exceptions. The bill lists the facilities and programs that are required to report. The information collected in the tracking system includes but is not limited to contact information for the facility or program, the patient admission or exclusion criteria, and the payor sources accepted by the facility or program. Prior to contracting for components of the tracking system or its implementation, the department shall convene a stakeholder process to identify an efficient and effective tracking system design.

Section 2 of the bill directs the department to implement a care coordination system to assist individuals in obtaining access to treatment for substance use disorders, including but not limited to medical detoxification and residential and inpatient treatment. Care coordination services will be available statewide and will include, at a minimum, independent screening of treatment needs and level of care, identification of treatment options, and the availability of treatment options for the client. Care coordination services will be available through various formats, including online, in-person, or by telephone, and available to individuals regardless of the individual's insurer or whether the individual is uninsured.

To implement the care coordination system, the office of behavioral health in the department shall enter into a contract with a single or multiple contractors. The contractor will assist clients in reporting client access to care issues to the ombudsman for behavioral health access to care.

In addition, contractors will collect and transmit to the department certain information concerning the number of individuals served by the care coordination system and the availability of treatment. The department shall report annually to certain committees of the general assembly concerning the care coordination system and data collected through the care coordination system.

Section 3 of the bill creates the building substance use disorder treatment capacity in underserved communities grant program (grant program) to increase substance use disorder treatment capacity and services in rural and frontier communities, prioritizing areas of the state that are unserved or underserved. The grants will allow communities to provide a continuum of substance use disorder treatment services, including but not limited to medical detoxification and residential and intensive outpatient treatment.

Grant program funding will be distributed in equal shares to each managed service organization service area that consists of at least 50% rural or frontier counties. A grant committee consisting of members identified in the bill shall review grant applications and approve local

grants. The bill lists the entities and organizations that may apply for a grant.

The department shall distribute up to \$5 million annually in grant funding. The grant program repeals after 5 years. The bill appropriates \$5 million for the grant program for the 2019-20 fiscal year.

Section 4 of the bill requires the department of health care policy and financing to complete an out-of-cycle review of provider rates that impact access to substance use disorder services and report recommendations, on or before November 1, 2019, to the provider rate review advisory committee and to the joint budget committee.

Section 5 of the bill requires each regional accountability entity to report to the department of health care policy and financing, on or before July 1, 2019, and quarterly thereafter, the rate range paid by a regional entity for each behavioral health billing code in the manner described in the bill.

Section 6 of the bill provides that the office of behavioral health in the department shall not penalize a provider who initiates an individual into medication-assisted treatment who does not have documentation verifying identification. To continue treatment the individual has 6 weeks to provide the required documentation.

Section 7 of the bill appropriates, for the 2019-20 fiscal year:

- \$5 million to the department for the building substance use disorder treatment capacity in underserved communities grant program; and
- \$338,040 to the department for an additional 3.6 FTE for the duties of the department relating to involuntary commitments for alcohol and substance use disorders.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 27-60-104.5 as
3 follows:

4 **27-60-104.5. Behavioral health capacity tracker - legislative**
5 **declaration - definition.** (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

6 (I) THERE IS A SHORTAGE OF AVAILABLE BEDS FOR PSYCHIATRIC
7 EMERGENCIES, WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE
8 DISORDERS, AND INTENSIVE RESIDENTIAL INPATIENT AND OUTPATIENT
9 BEHAVIOR HEALTH SERVICES IN COLORADO;

10 (II) CREATING A BEHAVIORAL HEALTH CAPACITY TRACKING

1 SYSTEM OF AVAILABLE TREATMENT CAPACITY AND MEDICATION-ASSISTED
2 TREATMENT PROGRAMS WOULD HELP FAMILIES, LAW ENFORCEMENT
3 AGENCIES, COUNTIES, COURT PERSONNEL, AND EMERGENCY ROOM
4 PERSONNEL LOCATE AN APPROPRIATE TREATMENT OPTION FOR
5 INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH CRISES; AND

6 (III) FURTHER, A TRACKING SYSTEM WOULD DECREASE THE TIME
7 THAT INDIVIDUALS WAIT IN EMERGENCY ROOMS, ENSURE THAT EXISTING
8 RESOURCES ARE MAXIMIZED, AND INCREASE THE LIKELIHOOD THAT
9 INDIVIDUALS IN CRISIS RECEIVE SERVICES CLOSER TO THEIR COMMUNITY.

10 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE
11 CREATION OF A BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM IS AN
12 IMPORTANT TOOL FOR ADDRESSING BEHAVIORAL HEALTH CRISES,
13 INCLUDING CONNECTING INDIVIDUALS TO TREATMENT FOR OPIOID AND
14 OTHER SUBSTANCE USE DISORDERS.

15 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES, "TRACKING SYSTEM" MEANS THE BEHAVIORAL HEALTH
17 CAPACITY TRACKING SYSTEM CREATED PURSUANT TO THIS SECTION.

18 (3) THE TRACKING SYSTEM MUST INCLUDE THE FOLLOWING:

19 (a) A TWENTY-FOUR-HOUR, WEB-BASED PLATFORM THAT IS
20 ACCESSIBLE FROM MOBILE DEVICES;

21 (b) ONLINE ACCESS BY HEALTH CARE PROFESSIONALS, LAW
22 ENFORCEMENT, COURT PERSONNEL, AND THE PUBLIC;

23 (c) COORDINATION WITH THE TELEPHONE CRISIS SERVICE THAT IS
24 PART OF THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PURSUANT TO
25 SECTION 27-60-103;

26 (d) REQUIRED CAPACITY UPDATES, AT LEAST DAILY, UNLESS THE
27 FACILITY IS A RESIDENTIAL FACILITY AND CAPACITY HAS NOT CHANGED,

1 WITH A PENALTY FOR CONSISTENT NONCOMPLIANCE, FOR FACILITIES
2 LISTED UNDER SUBSECTION (3)(e) OF THIS SECTION; AND

3 (e) CAPACITY REPORTING FOR THE FOLLOWING FACILITIES AND
4 TREATMENT PROVIDERS STATEWIDE:

5 (I) FACILITIES THAT PROVIDE EVALUATION AND TREATMENT TO
6 INDIVIDUALS HELD UNDER AN EMERGENCY COMMITMENT PURSUANT TO
7 SECTION 27-81-111 OR SECTION 27-82-107; AN INVOLUNTARY
8 COMMITMENT PURSUANT TO SECTION 27-81-112 OR SECTION 27-82-108;
9 OR A CIVIL COMMITMENT PURSUANT TO SECTION 27-65-105, INCLUDING
10 CRISIS STABILIZATION UNITS, ACUTE TREATMENT UNITS, COMMUNITY
11 MENTAL HEALTH CENTERS, AND HOSPITALS, INCLUDING STATE MENTAL
12 HEALTH INSTITUTES;

13 (II) INPATIENT TREATMENT;

14 (III) RESIDENTIAL TREATMENT;

15 (IV) MEDICAL DETOXIFICATION; AND

16 (V) FACILITIES LICENSED PURSUANT TO SECTION 27-80-204,
17 INCLUDING OPIOID TREATMENT PROGRAMS AND MEDICALLY MANAGED
18 AND CLINICALLY MANAGED WITHDRAWAL MANAGEMENT FACILITIES.

19 (4) IN ADDITION TO REPORTING BY THOSE FACILITIES LISTED IN
20 SUBSECTION (3)(e) OF THIS SECTION, THE TRACKING SYSTEM MAY ALLOW
21 ANY MEDICAL PROVIDER PROVIDING BEHAVIORAL HEALTH TREATMENT AS
22 PART OF THE MEDICAL PRACTICE TO PARTICIPATE IN THE TRACKING
23 SYSTEM WITH PRIOR APPROVAL BY THE STATE DEPARTMENT.

24 (5) TO THE EXTENT POSSIBLE, THE TRACKING SYSTEM SHOULD BE
25 DESIGNED TO COLLECT THE FOLLOWING INFORMATION:

26 (a) THE NAME, ADDRESS, WEB ADDRESS, AND TELEPHONE NUMBER
27 OF THE FACILITY OR TREATMENT PROGRAM AND INFORMATION AS TO THE

1 PROCESS FOR CONFIRMING THE CURRENT AVAILABILITY OF A BED OR
2 TREATMENT PROGRAM AND FOR RESERVING A BED OR SLOT IN THE
3 FACILITY OR TREATMENT PROGRAM;

4 (b) THE LICENSE TYPE FOR THE FACILITY OR TREATMENT PROGRAM
5 AND THE LICENSED BED CAPACITY OF THE FACILITY;

6 (c) THE NUMBER OF BEDS OR SLOTS CURRENTLY AVAILABLE AND
7 STAFFED FOR BEHAVIORAL HEALTH SERVICES;

8 (d) ADMISSION AND EXCLUSION CRITERIA, INCLUDING BUT NOT
9 LIMITED TO GENDER, AGE, ACUITY LEVEL, MEDICAL COMPLICATIONS,
10 DIAGNOSES, OR BEHAVIORS EXCLUDED, SUCH AS INTELLECTUAL OR
11 DEVELOPMENTAL DISABILITIES, AGGRESSION, SUBSTANCE USE DISORDERS,
12 TRAUMATIC BRAIN INJURY, OR HISTORY OF VIOLENCE OR AGGRESSIVE
13 BEHAVIOR;

14 (e) WHETHER THE FACILITY SERVES INVOLUNTARY CLIENTS;

15 (f) PAYOR SOURCES ACCEPTED BY EACH FACILITY OR TREATMENT
16 PROGRAM;

17 (g) THE TIME AND DATE OF THE LAST UPDATE OF INFORMATION
18 FOR THE FACILITY OR TREATMENT PROGRAM; AND

19 (h) A LINK TO A STABLE LOCATION MAP.

20 (6) THE TRACKING SYSTEM IS DESIGNED TO PROVIDE IMMEDIATE
21 AND ACCURATE INFORMATION REGARDING THE AVAILABILITY OF FACILITY
22 BEDS OR TREATMENT PROGRAMS BUT DOES NOT GUARANTEE
23 AVAILABILITY. THE USER SHALL BE DIRECTED TO CONTACT THE FACILITY
24 OR TREATMENT PROGRAM DIRECTLY TO CONFIRM CAPACITY AND TO
25 ARRANGE PLACEMENT.

26 (7) PRIOR TO CONTRACTING FOR COMPONENTS OF THE TRACKING
27 SYSTEM OR ITS IMPLEMENTATION, THE STATE DEPARTMENT SHALL

1 CONVENE A STAKEHOLDER PROCESS TO IDENTIFY AN EFFICIENT AND
2 EFFECTIVE TRACKING SYSTEM DESIGN. THE STATE DEPARTMENT SHALL
3 RECEIVE INPUT RELATING TO EXISTING INFORMATION AND REPORTING
4 SYSTEMS THAT MAY BE EXPANDED UPON FOR THE TRACKING SYSTEM,
5 ISSUES RELATING TO DATA COLLECTION AND INPUT BY FACILITIES AND
6 TREATMENT PROVIDERS, AND THE MOST EFFECTIVE INTERFACE FOR
7 TRACKING SYSTEM USERS. IN ADDITION TO ANY PERSONS OR
8 ORGANIZATIONS IDENTIFIED BY THE STATE DEPARTMENT, THE
9 STAKEHOLDER PROCESS MUST INCLUDE INPUT FROM THE DEPARTMENT OF
10 PUBLIC HEALTH AND ENVIRONMENT, EMERGENCY MEDICAL SERVICES
11 PROVIDERS, CONTRACTORS OPERATING EXISTING INFORMATION AND
12 REPORTING SYSTEMS IN THE STATE, AND FACILITIES REQUIRED TO PROVIDE
13 INFORMATION FOR THE TRACKING SYSTEM. THE STATE DEPARTMENT
14 SHALL REPORT TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS
15 STUDY COMMITTEE DURING THE LEGISLATIVE INTERIM PRECEDING THE
16 2020 LEGISLATIVE SESSION CONCERNING THE RESULTS OF THE
17 STAKEHOLDER PROCESS.

18 (8) ON OR BEFORE JANUARY 1, 2020, THE STATE DEPARTMENT
19 SHALL IMPLEMENT A CENTRALIZED, WEB-BASED TRACKING SYSTEM AS
20 DESCRIBED IN THIS SECTION THAT IS FREE TO CONSUMERS AND PROVIDERS.
21 THE CONTRACTOR OF THE TWENTY-FOUR-HOUR TELEPHONE CRISIS
22 SERVICES PROVIDED PURSUANT TO SECTION 27-60-103 SHALL USE THE
23 TRACKING SYSTEM AS AN AVAILABLE SERVICE RESOURCE LOCATOR. THE
24 STATE DEPARTMENT SHALL FOLLOW STATE PROCUREMENT LAW IN THE
25 SELECTION OF THE CONTRACTOR FOR THE DEVELOPMENT OF THE
26 TRACKING SYSTEM.

27 **SECTION 2.** In Colorado Revised Statutes, **add** 27-60-104.7 as

1 follows:

2 **27-60-104.7. Care coordination system - creation - reporting**
3 **- rules - legislative declaration - definition.** (1) (a) THE GENERAL
4 ASSEMBLY FINDS THAT:

5 (I) MANY INDIVIDUALS WHO NEED TREATMENT FOR SUBSTANCE
6 USE DISORDERS MUST WAIT WEEKS OR MONTHS TO ACCESS RESIDENTIAL
7 OR OUTPATIENT SERVICES;

8 (II) WHEN DEALING WITH A SUBSTANCE USE DISORDER, ANY
9 DELAY IN STARTING TREATMENT COULD MEAN LIFE OR DEATH FOR THE
10 AFFECTED INDIVIDUAL; AND

11 (III) INDIVIDUALS WHO ARE ENGAGED IN SEEKING TREATMENT FOR
12 A SUBSTANCE USE DISORDER WOULD BENEFIT FROM CARE COORDINATION
13 SERVICES TO CONNECT THOSE INDIVIDUALS WITH AVAILABLE TREATMENT
14 FACILITIES OR PROGRAMS.

15 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT CARE
16 COORDINATION SERVICES THAT HELP INDIVIDUALS WHO ARE READY TO
17 BEGIN TREATMENT GAIN TIMELY ACCESS TO THAT TREATMENT ARE VITAL
18 TO THE WELL-BEING OF MANY COLORADANS IN CRISIS.

19 (2) AS USED IN THIS SECTION, "ENGAGED CLIENT" MEANS AN
20 INDIVIDUAL WHO IS INTERESTED IN AND WILLING TO ENGAGE IN
21 SUBSTANCE USE DISORDER SERVICES OR OTHER TREATMENT SERVICES
22 EITHER FOR HIMSELF OR HERSELF, OR FOR AN AFFECTED FAMILY MEMBER
23 OR FRIEND.

24 (3) ON OR BEFORE JANUARY 1, 2020, THE STATE DEPARTMENT
25 SHALL IMPLEMENT A CARE COORDINATION SYSTEM TO ASSIST ENGAGED
26 CLIENTS IN OBTAINING ACCESS TO TREATMENT FOR SUBSTANCE USE
27 DISORDERS. AT A MINIMUM, SERVICES AVAILABLE STATEWIDE MUST

1 INCLUDE INDEPENDENT SCREENING OF THE TREATMENT NEEDS OF THE
2 ENGAGED CLIENT USING NATIONALLY RECOGNIZED SCREENING CRITERIA
3 TO DETERMINE THE CORRECT LEVEL OF CARE, THE IDENTIFICATION OF
4 LICENSED OR ACCREDITED SUBSTANCE USE DISORDER TREATMENT
5 OPTIONS, INCLUDING BUT NOT LIMITED TO SOCIAL AND MEDICAL
6 DETOXIFICATION SERVICES, MEDICATION-ASSISTED TREATMENT, AND
7 INPATIENT AND OUTPATIENT TREATMENT PROGRAMS, AND THE
8 AVAILABILITY OF VARIOUS TREATMENT OPTIONS FOR THE ENGAGED
9 CLIENT.

10 (4) TO IMPLEMENT THE CARE COORDINATION SYSTEM, THE OFFICE
11 OF BEHAVIORAL HEALTH IN THE STATE DEPARTMENT SHALL ISSUE A
12 REQUEST FOR PROPOSALS FOR CARE COORDINATION SERVICES THROUGH
13 THE STATE PROCUREMENT SYSTEM. THE CONTRACTOR OR CONTRACTORS
14 SELECTED BY THE OFFICE OF BEHAVIORAL HEALTH IN THE STATE
15 DEPARTMENT MUST PROVIDE CARE COORDINATION SERVICES TO ENGAGED
16 CLIENTS STATEWIDE. CARE COORDINATION SERVICES MUST BE AVAILABLE
17 TWENTY-FOUR HOURS A DAY AND MUST BE ACCESSIBLE THROUGH
18 VARIOUS FORMATS, INCLUDING ONLINE, IN-PERSON, OR BY TELEPHONE.
19 THE CONTRACTOR OR CONTRACTORS SHALL COORDINATE SERVICES IN
20 CONJUNCTION WITH OTHER STATE CARE COORDINATION AND BEHAVIORAL
21 HEALTH RESPONSE SYSTEMS TO ENSURE COORDINATED AND INTEGRATED
22 SERVICE DELIVERY. THE USE OF PEER SUPPORT SPECIALISTS IS
23 ENCOURAGED IN THE COORDINATION OF SERVICES. THE CONTRACTOR OR
24 CONTRACTORS SHALL ASSIST THE ENGAGED CLIENT WITH ACCESSING
25 TREATMENT FACILITIES, TREATMENT PROGRAMS, OR TREATMENT
26 PROVIDERS AND SHALL PROVIDE SERVICES TO ENGAGED CLIENTS
27 REGARDLESS OF THE CLIENT'S PAYER SOURCE OR WHETHER THE CLIENT IS

1 UNINSURED. ONCE THE ENGAGED CLIENT HAS INITIATED TREATMENT, THE
2 CONTRACTOR OR CONTRACTORS ARE NO LONGER RESPONSIBLE FOR CARE
3 COORDINATION FOR THAT ENGAGED CLIENT FOR THAT EPISODE. ENGAGED
4 CLIENTS WHO ARE ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM
5 PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5 SHALL BE PROVIDED
6 WITH CONTACT INFORMATION FOR THEIR REGIONAL ENTITY. THE
7 CONTRACTOR OR CONTRACTORS SHALL CONDUCT ONGOING OUTREACH TO
8 INFORM CONTRACTORS IMPLEMENTING THE BEHAVIORAL HEALTH CRISIS
9 RESPONSE SYSTEM PURSUANT TO SECTION 27-60-103, COUNTIES, COUNTY
10 DEPARTMENTS OF HUMAN OR SOCIAL SERVICES, JAILS, LAW ENFORCEMENT
11 PERSONNEL, HEALTH CARE PROFESSIONALS, AND OTHER INTERESTED
12 PERSONS ABOUT CARE COORDINATION SERVICES.

13 (5) THE CONTRACTOR OR CONTRACTORS SHALL ENTER INTO A
14 MEMORANDUM OF UNDERSTANDING WITH THE OFFICE OF THE OMBUDSMAN
15 FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED PURSUANT TO
16 SECTION 27-80-303. IF THE CONTRACTOR OR CONTRACTORS BELIEVE THAT
17 A HEALTH BENEFIT PLAN IS IN VIOLATION OF STATE AND FEDERAL PARITY
18 LAWS AND REGULATIONS PURSUANT TO SECTION 10-16-104(5.5) AND THE
19 "PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND
20 ADDICTION EQUITY ACT OF 2008", PUB.L. 110-343, AS AMENDED, WITH
21 THE ENGAGED CLIENT'S WRITTEN PERMISSION, THE CONTRACTOR OR
22 CONTRACTORS SHALL ASSIST THE ENGAGED CLIENT WITH REPORTING THE
23 ALLEGED VIOLATION TO THE OMBUDSMAN FOR BEHAVIORAL HEALTH
24 ACCESS TO CARE ESTABLISHED PURSUANT TO SECTION 27-80-303.

25 (6) THE CONTRACTOR OR CONTRACTORS SHALL COLLECT AND
26 TRANSMIT TO THE STATE DEPARTMENT, IN THE TIME AND MANNER
27 DETERMINED BY THE STATE DEPARTMENT, THE FOLLOWING DATA AND

1 INFORMATION RELATING TO ENGAGED CLIENTS SERVED BY THE
2 CONTRACTOR OR CONTRACTORS:

3 (a) DEMOGRAPHIC CHARACTERISTICS OF THE ENGAGED CLIENT,
4 INCLUDING AGE, SEX, ETHNICITY, AND COUNTY OF RESIDENCE;

5 (b) THE TYPE OF SUBSTANCE OR SUBSTANCES FOR WHICH THE
6 ENGAGED CLIENT IS SEEKING TREATMENT;

7 (c) ANY SELF-REPORTED OR IDENTIFIED MENTAL HEALTH
8 CONDITIONS;

9 (d) WHETHER THE ENGAGED CLIENT WAS ABLE TO SECURE
10 TREATMENT AND WHERE, AND, IF NOT, THE REASONS WHY;

11 (e) THE LENGTH OF TIME THE CONTRACTOR OR CONTRACTORS
12 PROVIDED CARE COORDINATION SERVICES TO THE ENGAGED CLIENT;

13 (f) WHETHER THE ENGAGED CLIENT HAD PRIVATE OR PUBLIC
14 INSURANCE OR WAS ELIGIBLE FOR SERVICES THROUGH THE OFFICE OF
15 BEHAVIORAL HEALTH IN THE STATE DEPARTMENT DUE TO INCOME;

16 (g) THE NUMBER OF SUSPECTED PARITY VIOLATION REPORTS
17 SUBMITTED TO THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO
18 CARE PURSUANT TO SECTION 27-80-303;

19 (h) SERVICES OR TREATMENT OPTIONS THAT WERE NOT AVAILABLE
20 IN THE ENGAGED CLIENT'S COMMUNITY, INCLUDING BUT NOT LIMITED TO
21 RECOVERY SERVICES, HOUSING, TRANSPORTATION, AND OTHER SUPPORTS;

22 AND

23 (i) THE NUMBER OF FAMILY MEMBERS OR FRIENDS CALLING ON
24 BEHALF OF AN ENGAGED CLIENT OR AN INDIVIDUAL WITH A SUBSTANCE
25 USE DISORDER.

26 (7) THE STATE BOARD MAY PROMULGATE ANY RULES NECESSARY
27 TO IMPLEMENT THE CARE COORDINATION SYSTEM.

1 (8) NO LATER THAN SEPTEMBER 1, 2020, AND EACH SEPTEMBER
2 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT AN ANNUAL
3 REPORT TO THE JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND
4 HUMAN SERVICES COMMITTEE AND THE HEALTH INSURANCE AND
5 ENVIRONMENT COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE
6 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
7 SUCCESSOR COMMITTEES, CONCERNING THE UTILIZATION OF CARE
8 COORDINATION SERVICES PURSUANT TO THIS SECTION, INCLUDING A
9 SUMMARY OF THE DATA AND INFORMATION COLLECTED BY THE
10 CONTRACTOR OR CONTRACTORS PURSUANT TO SUBSECTION (6) OF THIS
11 SECTION, IN ACCORDANCE WITH STATE AND FEDERAL HEALTH CARE
12 PRIVACY LAWS. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
13 (11)(a)(I), THE REPORTING REQUIREMENTS PURSUANT TO THIS SUBSECTION
14 (8) CONTINUE INDEFINITELY.

15 **SECTION 3.** In Colorado Revised Statutes, **add** 27-80-119 as
16 follows:

17 **27-80-119. Building substance use disorder treatment capacity**
18 **in underserved communities - grant program - repeal.** (1) THERE IS
19 CREATED IN THE DEPARTMENT THE BUILDING SUBSTANCE USE DISORDER
20 TREATMENT CAPACITY IN UNDERSERVED COMMUNITIES GRANT PROGRAM,
21 REFERRED TO IN THIS SECTION AS THE "GRANT PROGRAM".

22 (2) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
23 SHALL AWARD UP TO FIVE MILLION DOLLARS ANNUALLY IN GRANTS TO
24 INCREASE SUBSTANCE USE DISORDER CAPACITY AND SERVICES IN RURAL
25 AND FRONTIER COMMUNITIES. EACH MANAGED SERVICE ORGANIZATION
26 AREA THAT CONSISTS OF AT LEAST FIFTY PERCENT RURAL OR FRONTIER
27 COUNTIES SHALL RECEIVE AN EQUAL PROPORTION OF THE ANNUAL GRANT

1 PROGRAM MONEY TO DISBURSE IN LOCAL GRANTS.

2 (3) A GRANT COMMITTEE SHALL REVIEW GRANT APPLICATIONS
3 AND, IF APPROVED, AWARD LOCAL GRANTS. THE GRANT COMMITTEE
4 INCLUDES TWO MEMBERS APPOINTED BY THE COUNTY COMMISSIONERS FOR
5 EACH COUNTY IN THE RELEVANT MANAGED SERVICE ORGANIZATION
6 SERVICE AREA, TWO REPRESENTATIVES FROM THE MANAGED SERVICE
7 ORGANIZATION, AND TWO MEMBERS REPRESENTING THE DEPARTMENT AND
8 APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT. THE
9 AWARD OF A LOCAL GRANT MUST BE APPROVED BY A MAJORITY OF
10 MEMBERS APPOINTED TO THE GRANT COMMITTEE. IN AWARDING A LOCAL
11 GRANT, THE GRANT COMMITTEE SHALL PRIORITIZE GEOGRAPHIC AREAS
12 THAT ARE UNSERVED OR UNDERSERVED. AFTER LOCAL GRANTS ARE
13 APPROVED FOR EACH MANAGED SERVICE ORGANIZATION SERVICE AREA,
14 THE DEPARTMENT SHALL DISBURSE GRANT MONEY TO THE MANAGED
15 SERVICE ORGANIZATION FOR DISTRIBUTION TO LOCAL GRANT RECIPIENTS.

16 (4) LOCAL GRANTS MUST BE USED TO ENSURE THAT LOCAL
17 COMMUNITIES HAVE ACCESS TO A CONTINUUM OF SUBSTANCE USE
18 DISORDER TREATMENT SERVICES, INCLUDING BUT NOT LIMITED TO
19 MEDICAL OR CLINICAL DETOXIFICATION, RESIDENTIAL TREATMENT,
20 RECOVERY SUPPORT SERVICES, AND INTENSIVE OUTPATIENT TREATMENT.

21 (5) LOCAL GOVERNMENTS, COUNTIES, SCHOOLS, LAW
22 ENFORCEMENT AGENCIES, AND PRIMARY CARE OR SUBSTANCE USE
23 DISORDER TREATMENT PROVIDERS WITHIN OR OUTSIDE OF THE MANAGED
24 SERVICE ORGANIZATION'S NETWORK OF PROVIDERS MAY APPLY FOR A
25 LOCAL GRANT TO PROVIDE SERVICES.

26 (6) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

27 **SECTION 4.** In Colorado Revised Statutes, 25.5-4-401.5, **add**

1 (2.5) as follows:

2 **25.5-4-401.5. Review of provider rates - advisory committee**

3 **- recommendations - repeal.** (2.5) (a) NOTWITHSTANDING ANY
4 PROVISION OF THIS SECTION TO THE CONTRARY, ON OR BEFORE NOVEMBER
5 1, 2019, THE STATE DEPARTMENT SHALL COMPLETE AN OUT-OF-CYCLE
6 REVIEW OF PROVIDER RATES THAT THE STATE DEPARTMENT DETERMINES
7 HAVE AN IMPACT ON ACCESS TO SUBSTANCE USE DISORDER SERVICES. THIS
8 OUT-OF-CYCLE REVIEW IS A SUPPLEMENTAL REVIEW AND DOES NOT
9 AFFECT THE SCHEDULED 2019 REVIEW OF PROVIDER RATES ESTABLISHED
10 BY THE STATE DEPARTMENT. TO THE EXTENT POSSIBLE, THE STATE
11 DEPARTMENT SHALL COMPLETE THE REPORTS, ANALYSES, AND
12 STAKEHOLDER ENGAGEMENT REQUIRED PURSUANT TO THE PROVIDER RATE
13 REVIEW PROCESS DESCRIBED IN THIS SECTION BUT MAY ALTER THE
14 PROCESS, IF NECESSARY, IN ORDER TO COMPLETE THE OUT-OF-CYCLE
15 REVIEW IN THE TIME ALLOTTED.

16 (b) ON OR BEFORE NOVEMBER 1, 2019, IN ADDITION TO THE
17 ADVISORY COMMITTEE AND THE JOINT BUDGET COMMITTEE, THE STATE
18 DEPARTMENT SHALL PROVIDE ITS RECOMMENDATIONS ON THE PROVIDER
19 RATES REVIEWED IN THE OUT-OF-CYCLE REVIEW, ALONG WITH THE DATA
20 RELIED UPON BY THE STATE DEPARTMENT IN MAKING ITS
21 RECOMMENDATIONS, TO THE OPIOID AND OTHER SUBSTANCE USE
22 DISORDERS STUDY COMMITTEE.

23 (c) THIS SUBSECTION (2.5) IS REPEALED, EFFECTIVE JULY 1, 2020.

24 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-410, **add** (4)
25 as follows:

26 **25.5-5-410. Data collection for managed care programs.**

27 (4) ON OR BEFORE JULY 1, 2019, AND REPORTED OR UPDATED QUARTERLY

1 THEREAFTER, EACH REGIONAL ENTITY SHALL REPORT TO THE STATE
2 DEPARTMENT THE RATE RANGE PAID FOR EACH BEHAVIORAL HEALTH
3 BILLING CODE. THIS RANGE MUST BE BROKEN OUT BY SUB-CAPITATED
4 VERSUS FEE-FOR-SERVICE PAYMENTS, BY FACILITY VERSUS INDIVIDUAL
5 PROVIDERS, AND BY ORGANIZATIONS THAT ARE PREDOMINATELY BILLING
6 UNDER MENTAL HEALTH VERSUS SUBSTANCE USE DIAGNOSES. THE
7 REGIONAL ENTITY SHALL DESCRIBE THE METHODOLOGY USED TO
8 ESTABLISH RATES INCLUDING HOW SERVICE COSTS ARE ACCOUNTED FOR
9 IN RATE SETTING.

10 **SECTION 6.** In Colorado Revised Statutes, 27-82-103, **amend**
11 (5) as follows:

12 **27-82-103. Standards for public and private treatment**
13 **facilities - fees - enforcement procedures - penalties.** (5) (a) The office
14 of behavioral health, after hearing, may suspend, revoke, limit, restrict,
15 or refuse to grant an approval for failure to meet its standards.

16 (b) THE OFFICE OF BEHAVIORAL HEALTH SHALL NOT PENALIZE A
17 PROVIDER WHO INITIATES AN INDIVIDUAL INTO TREATMENT WHO DOES NOT
18 HAVE DOCUMENTATION VERIFYING IDENTITY. IN ORDER TO CONTINUE
19 TREATMENT WITH A PROVIDER, WITHIN SIX WEEKS AFTER INITIATING
20 TREATMENT WITH THE PROVIDER, THE INDIVIDUAL MUST PROVIDE THE
21 REQUIRED DOCUMENTATION VERIFYING IDENTITY.

22 **SECTION 7. Appropriation.** (1) For the 2019-20 state fiscal
23 year, \$5,000,000 is appropriated to the department of human services for
24 use by the office of behavioral health. This appropriation is from the
25 general fund and is based on an assumption that the office will require an
26 additional ____ FTE. To implement this act, the office may use this
27 appropriation for the building substance use disorder treatment capacity

1 in underserved communities grant program.

2 (2) For the 2019-20 state fiscal year, \$338,040 is appropriated to
3 the department of human services for use by the office of behavioral
4 health. This appropriation is from the general fund and is based on an
5 assumption that the office will require an additional 3.6 FTE. To
6 implement this act, the office may use this appropriation as follows:

7 **Community behavioral health administration**

8 Personal services \$315,428 (3.6 FTE)

9 Operating expenses \$22,612

10 **SECTION 8. Safety clause.** The general assembly hereby finds,
11 determines, and declares that this act is necessary for the immediate
12 preservation of the public peace, health, and safety.